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**\*\* CONTINUING DATA \*\*\*\*\***
*None NK*
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
*None NK*
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

**ADDRESS**

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**TITLE**

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